PH: 9/29/23

## APPLICATION TO CONDUCT A LOTTERY RAFFLE FEE: \$10.00; TERM: 1 YEAR FROM DATE OF ISSUANCE

**RETURN TO:** City Clerk's Office

LMC Chapter 9.32

555 S. 10 <sup>st</sup> St.	200000	000000000000000000000000000000000000000								
Lincoln NE 68508 Please PRINT using blue or black ink only.										
PLEASE CIRC	CLE ONE:	LOTTERY RAFFLE								
APPLICANT										
NAME:	Deb	Schu	Ite							
ADDRESS:	3801	S. E	33			ſ				
CITY:	Linco	ln			STATE:	NE	·			
ZIP:	68500	0	PHONE#:	489-7326	FAX#:					
				-						
ORGANIZATION (HEADQUARTERS ADDRESS)										
NAME:										
ADDRESS:	6000	"A"	<del></del>	<u> </u>	- <del> </del>					
CITY:	Lincoln				STATE:	NE	<del></del>			
ZIP:	68510		PHONE#:	488-0931	FAX#:	488	-1061			
	N.	AME & ADDR	ESS OF PRI	NCIPAL OFFICE	RS					
NAME		STREET		CITY		STATE	ZIP			
Rev. Michael Moein		6000 "A"		uncoln		Ne	68510			
Den Schulte		3801 5 33		Lincoln		1/6	68576			
Timt Trai	Richter	4506B1	with Hollow	1 1	<u></u>	No	68516			
			St.		·		180 118			
PERSON IN DIRECT CHARGE OF CONDUCTING THIS LOTTERY/RAFFLE										
NAME: Tim + Joni Richter										
ADDRESS:	4506	Piccl	~ Hall	1110+			<del></del>			
CITY:	Lincor	<u></u>	<u> </u>	<u> </u>	STATE:	1)6				
ZIP:	68506		PHONE#:	423-0947	FAX#:					
					<u> </u>	<del></del>				

THE FOLLOWING MUST BE ATTACHED PRIOR TO SUBMITTING TO THE CITY CLERK:
Proof of applicant's authority to conduct a lottery/raffle, pursuant to State Law.
On a separate sheet of paper, list all locations within the City of Lincoln where the lottery/raffle tickets (chances) are to be sold. Individuals will be selling tickets - Not any Particular Site - other than night of Sample of Ticket to be sold Event @ Pius X High Sahai
ADDITIONAL COMMENTS/EXPLANATION (use separate sheet if necessary):
Posteige + Printing
Plants 1
taxes
The gross amount raised by such lottery shall be placed on file in the Office of the City Clerk.    O-/6-03
**************************************
FOR OFFICE USE ONLY
Date Forwarded to Council: Date of Public Hearing before Council:
Approved: Denied:
Other Conditions:
Date Permit Issued: Date Permit Expires: Receipt #:



Name

Address

City/State/Zip

Phone

Seller's Name

1000

35-005537398 0001 Grand Prize \$00°

PERSON(S) RESPONSIBLE FOR THE PRO LOTTERY/RAFFLE:	PER UTILIZAT	ION OF THE GR	OSS REC	EIPTS FROM THIS
NAME: Deb Sch	2016			
ADDRESS: 3801 S	33			
CITY: 110(O)			STATE:	NE
ZIP: 108506	PHONE#:	484-7326	FAX#:	
Specific nature & type of lotter /raffle to be co	onducted (attach HCKets		o be sold)	
Describe method of selecting winning ticket: (	drowing 7,20049	night o	8 B.	O.L. T.
List the specific purpose(s) to which the proficts free for the first of the profict of the prof	om the conduct of	f the lottery/raffle a	· · · · · · · · · · · · · · · · · · ·	voted:
Price of Each Lottery/Raffle Chance:	<u> </u>			
Describe the prizes money or merchandise to be g	given away (be spe	scific-use separate s	sheet if nec	essary):
Date Lottery/Lotteries or Raffle(s) will begin &	z end:			
Jan 34, 2004 From	_ <del>Ap</del>	zil 24,	2004	
From	To		<del></del> .,	
From	To			<del></del>
From	To			
How many lotteries raffles will be conducted d	uring the term of	this permit:	1 (n	re)